

# Hawkesbury Camera Club Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone – Home: \_\_\_\_\_

Phone – Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

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How did you hear about the club? \_\_\_\_\_

Do you consider yourself:  Beginner  Intermediate  Advanced in photography?

What are your photographic interests? \_\_\_\_\_

Do you have any suggestions for photo outings? \_\_\_\_\_

Do you give permission for your personal information to be included on the membership list for distribution to members only  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Annual Membership Fee \$20.00

Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
(Signature)

President: \_\_\_\_\_  
(Signature)